PTO/SB/80 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

There	hy revoke all	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under						
5	17 0.7 0(0).	previous powers or altorn	ey given in the app	ication identifie	ed in the attached sta	itement under		
I hereby appoint:								
		ociated with the Customer Numb	per: 24	737				
<b>│</b> ┌┐°′	· ·							
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Practitioner(s) nar	med below (if more than ten pate	ent practitioners are to b	e named, then a cr	ustomer number must be	used):		
	Name		Registration Number		Name	Registration Number		
1 1								
			<b>4</b>			1 7		
	<del></del>							
						<del></del>		
L	1 2 = = = = = = = = = = = = = = = = = =							
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:								
The attached statement under 57 CFR 3.73(b) to:								
x	The address associated with Customer Number: 24737							
OR	OR							
	Firm or Individual Name							
	Address							
City	City State							
Countr	N/			· · · · · · · · · · · · · · · · · · ·	Zip			
	•			- <u> </u>				
Teleph	one			Fax				
Assigned	e Name and Addr	wee.						
					TRONICS N.V.			
Groenewoudseweg l 5621 BA Eindhoven, The Netherlands								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be								
mea m	each applicati	ion in which this form is us	sed. The statement	under 37 CFP 3	73/h) may be comple	Sod by and a		
uie pra	couoners appo	ointed in this form if the an	ppointed practitione	' is authorized t	to act on behalf of the	assignee,		
and	Stiucitary are	application in which this F						
	The	SIGN lividual whose signal are and tit	NATURE of Assignee of the is supplied below is	Record uthorized to act o	on behalf of the assignee			
Signature	e ////	May E. H.	laur		Date 14 Janua	ry 2005		
Name	Michae				Telephone (914)	333-9637		
Title	Author	ized Representa	ative		<u></u>			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.